## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15.3.

Date:	<u>06-12-07</u>	Address:	8794 N CR 200 W
Case #:	<u>32-27665</u>		Shelbum, IN
County:	Sullivan		<u>47879</u>
Type of Laboratory Scizure (check one) Seizure Lo			check all (hat apply)
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  [ Lithium/Ammonia Reaction(s);			
Red Phosphorous/Iodine Reaction(s);			
☐ Flammable Solvents: Southwest room in house			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: ditch east of house			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Southwest room in house			
Corrosive Base:			
Other (item and location):			
Ycs _ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin Retail/Ma	e <u>Information</u> c/Pscudoephedrine Tracking Log crchant Tip rch warrant
*H' yes, fax report to Child Protective Services			
	ment: Shelburn VFD		<u>-саноп</u> .
Health Department: Sulfivan County		Fax: <u>N/A</u> Fax: <u>(812)</u>	
Child Protection Service:		Fax:	
Cattle (1000)	odon Bervice		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.D. Goldner / 5228</u> Phone (812)299-1153			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.